

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104419

FILED  
Jul 11, 2008  
Secretary of State

Entity Name: ANDRACOLE'S ROTTWEILER RANCH INC.

**Current Principal Place of Business:**

5689 S. OAKRIDGE DR.  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

5689 S. OAKRIDGE DR.  
HOMOSASSA, FL 34448

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, ADELHEID  
5689 S. OAKRIDGE DR.  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARNOLD, ADELHEID  
Address: 5689 S. OAKRIDGE DR  
City-St-Zip: HOMOSASSA, FL 34448

Title: VP ( ) Delete  
Name: ONEILL, HAILLEYBRIANNA  
Address: 5698 S. OAKRIDGE DR  
City-St-Zip: HOMOSASSA, FL 34448

Title: VP ( ) Delete  
Name: ONEILL, SHANEARTHUR  
Address: 5689 S. OAKRIDGE DR.  
City-St-Zip: HOMOSASSA, FL 34448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD ADELHEID

P

07/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date